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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (optional)		
		355774.00301		
I hereby declare that:				
The residence, mailing address and dittenship of the inventors are stated below.				
I am authorized to act on behalf of the following assignes: Al	ms Reach	Concepts, Inc.		
and the title of my position with said satignes is: CEO				
The entire title to the patent identified below is vested in said as	ssignee.			
Inventor Douglas Thatalson	Ç	tizership rited States		
Residence/Malling Address	-	Man Allina		
25955 Mulholland Histway, Agours, CA 91301 Inventor	1.0	tizenshlo		
Diano Thereison		nile i Statos		
Residence/Mailing Address 29995 Mulholland Highway, Agoure. CA 91301				
 Additional Inventors are named on apparately numbers 				
Patent Number 6,578,211	Date of Par June 17, 2			
COMBINATION OF CO-SLEEPER AND CHANGIN	NG TABLE			
the specification of which				
lic attached hereto.				
☑ wee filed on March 10, 2004	arch 10, 2004 as reissue application number 10 / 797,933			
and was amended on March 10, 2004				
(if applicable)				
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.				
) acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.55.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/028 (or equivalent) listing the foreign applications.				
I verily believe the original patent to be wholly or partly (noperative or invalid, for the reasons described below. (Check all boxes that apply.)				
by reason of a defective specification or drawing.				
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Page 1 of 2]

This collection of information is required by 27 CFR 1.175. The information is required to obtain or rebth a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiath is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to the 40 introduce to complete in interesting properties, and submitting the completed application form to the USPTO. Time will vary depending one the trick trust case. Any comments on the amount of the 70 require to complete this form entire suppositions for reducing the burden, should be such the Chief information Officer, U.S. Patient and Trademark Office. U.S. Department of Commence, P.O. Box 1450, Alexandrius, VA 2313-4450, DI NOT GEND FEES DR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 23213-1450.

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REISSUE APPLICATION DECLARATION E		355744.00301		
At least one error upon which reissue is based is described on the part of the original attorney to con	unded 82 totlows:	- a se manding laterational application		
IAnach a		11.		
All errors corrected in this reissue application are	se without any deceptive	intention on the part of the applicant.		
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Full name of person signing (given name, family name)				
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Page 1 of 1

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